

# MEMORANDUM

Texas Department of Human Services  
Long Term Care—Regulatory Policy \* Survey and Certification Clarification

**TO:** Long Term Care-Regulatory  
Regional Directors and State Office Managers

**FROM:** Evelyn Delgado  
Assistant Deputy Commissioner  
Long Term Care-Regulatory

**SUBJECT:** Follow-up Visit Guidance for Nursing Facility Licensure Violations – **S&CC Memo 03-06**

**DATE:** April 18, 2003

---

Follow-up visits are conducted to determine correction of cited or re-cited violations. Long Term Care-Regulatory (LTC-R) has routinely conducted all follow-up visits **onsite**; however, follow-up visits may also be conducted by other means, for example by **mail or telephone**, as deemed appropriate. Mail and telephone follow-up visits will be referred to as “**desk reviews**” in the attached documents. **The attached documents describe LTC-R’s procedures for determining when an onsite follow-up visit or desk review will be conducted.**

This follow-up visit guidance applies to **licensure violations**. A separate document describes procedures for following up certification deficiencies. See S&CC Memorandum 03-04 – Revisit Guidance for Nursing Facility Medicare/Medicaid Certification Deficiencies.

Also attached is the *Notice of Accepted Plan of Correction* form, “Attachment 6.” This form was revised to address new desk review procedures for nursing facilities. **Please read the attached material carefully. These procedures become effective April 18, 2003.** If you have questions about this follow-up guidance, please contact the LTC-R Policy Unit at (512) 438-2179.

[signature on file]

Evelyn Delgado

ED:mg

Attachments

c: Bettye M. Mitchell, W-515  
Paul Leche, W-615  
Merrie Duflot, W-404  
Regional Administrators

## **Follow-up Guidance for Nursing Facility Licensure Violations**

Follow-up visits are conducted to determine correction of cited or re-cited violations. Long Term Care-Regulatory (LTC-R) has routinely conducted all follow-up visits **onsite**; however, follow-up visits may also be conducted by other means, for example, by **mail or telephone**, as deemed appropriate for carrying out licensing responsibilities. [See Texas Administrative Code (TAC), Title 40, Subchapter 19.2002(a).] Mail and telephone follow-up visits will be referred to as “**desk reviews**” in this guidance document. **This guidance document describes LTC-R’s procedures for determining when an onsite follow-up visit or desk review will be conducted.**

**This follow-up visit guidance applies to health and life safety code:**

- Licensure violations cited in licensed-only nursing facilities; and
- Licensure violations cited in certified nursing facilities that
  - do not have a corresponding certification deficiency tag, and
  - are not **identical** in evidence to the corresponding certification deficiency cited on Form CMS 2567L.

**This follow-up visit guidance does not apply to licensure violations cited at initial licensure inspections. A separate document describes procedures for following up certification deficiencies.** Furthermore, certification deficiencies and licensure violations supported by identical evidence on both Forms CMS 2567L and DHS 3724 will be followed up together, and in accordance with **S&CC Memorandum 03-04 – Revisit Guidance for Nursing Facility Medicare/Medicaid Certification Deficiencies.**

### **A General Follow-up Visit Information**

1. The decision to conduct an **onsite follow-up visit or desk review** will depend on the **scope and severity level** of the licensure violation(s) cited. This follow-up visit guidance limits **onsite revisits** to higher level violations and **desk reviews** to lower level violations.
2. Staff will assign scope and severity levels to health and life safety code licensure violations **for the purpose of determining the type of follow-up visit to conduct**, using established scope and severity criteria found at TAC 40 Subchapter 19.2112(f)(2).

<b>Scope and Severity Criteria</b>			
Immediate Jeopardy.	J	K	L
Actual harm.	G	H	I
No actual harm with a potential for more than minimum harm.	D	E	F
No actual harm with a potential for minimum harm.	A	B	C
	<b>Isolated</b>	<b>Pattern</b>	<b>Widespread</b>

## B. Onsite Follow-up Visits

The state inspection agency will conduct only two onsite follow-up visits without prior approval. A third **onsite** follow-up visit may be conducted if approved by the appropriate authority. A desk review (mail or telephone follow-up visit) will not count as an “**onsite** follow-up visit” for this restriction.

### 1. Onsite follow-up visits are conducted for:

- a. Violations cited at levels G through L;
- b. A violation with no right to correct that resulted in an administrative penalty recommendation; and
- c. Lower level violations approved by the Regional Director (or designee) to be reviewed onsite. For the first follow-up visit, **onsite** review of level F violations may be approved at the discretion of the Regional Director; however, **onsite** review of level A through E violations may be approved only when concerns about the validity of a facility’s reported corrections are not resolved during the **desk review**. (See subparagraph C in this guidance document for more information about the desk review.)

### 2. Acceptable Correction Dates for the Onsite Follow-up Visit

A facility’s ability to be affirmed in compliance as of a date sooner than the **onsite** follow-up visit date is diminished with each **onsite** follow-up visit. Therefore, the correction date for violations verified as corrected **onsite** will be based on which follow-up visit is being conducted (1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup>). The following table identifies acceptable correction dates for respective **onsite** follow-up visits.

Acceptable Correction Dates for Onsite Follow-up Visits	1 <sup>st</sup> Onsite Follow-up Visit	2 <sup>nd</sup> Onsite Follow-up Visit	3 <sup>rd</sup> Onsite Follow-up Visit
Plan of Correction Completion Date	X		
Date evidence shows correction occurred	X	X	
Follow-up visit exit date		X	X
Exceptions	See i) and ii)	See i) and ii)	See ii)

- a. For the **first onsite follow-up visit**, the correction date will be either the Plan of Correction completion date or the date evidence shows correction occurred. [See “Exceptions” i) and ii) in subparagraph B. 2.]
- b. For the **second onsite follow-up visit**, the correction date will be either the exit date or the date evidence shows correction occurred. [See “Exceptions” i) and ii) in subparagraph B. 2.]
- c. For the **third onsite follow-up visit**, the correction date will not be earlier than the exit date. [See “Exceptions” ii) in subparagraph B. 2.]

#### Exceptions:

- i) When all violations from a prior visit are verified as corrected, but new violations are cited at level D or above, the facility is considered not in compliance at the time of the follow-up visit. **Because the period of non-compliance continues, any ongoing enforcement action also continues. To avoid a stop and start in the period of**

**non-compliance, the correction date for violations followed up onsite and verified as corrected onsite can not be earlier than the follow-up visit exit date.**

- ii) When a licensure violation results in an **administrative penalty recommendation**, the **correction date for the licensure violation may precede the exit date**. Therefore, there will be situations where the correction date on follow-up correction Form DHS 3724B precedes the exit date.

- 3. **Please refer to established licensure inspection protocol** at TAC 40 Subchapter 19.2002, *Procedural Requirements – Licensure Inspections and Surveys*; and Subchapter 19.2004, *Determinations and Actions Pursuant to Inspections*.

### **C. Desk Reviews**

**Desk reviews** are conducted for violations that do not require an **onsite visit** to determine correction.

- 1. **Desk reviews are limited to the review of violations cited at levels A through F**; however, violations cited at level F may be approved for onsite review at the discretion of the Regional Director. (See onsite follow-up visit instructions in subparagraph B. 1. c.)
- 2. **The desk review must be performed before the onsite follow-up visit.** When violations are cited at various scope and severity levels requiring both a desk review and an onsite follow-up visit, the desk review must be performed first. This ensures that all violations needing to be reviewed onsite are reviewed in a timely manner.
- 3. **The desk review may begin** when a facility's Plan of Correction (POC) is received; however, it begins after evidence is received, when a facility is asked to submit evidence showing how a particular violation was corrected. (See evidence instructions in subparagraph C. 5.)
- 4. **The desk review involves a thorough review of corrections reported on the POC, and/or evidence submitted by the facility.** The desk review may also involve telephone contact with the facility to obtain clarification about a facility's reported corrections, POC or evidence.
  - a. **When the state inspection agency has no reason to question the validity of a facility's reported corrections, the POC or evidence is accepted as determination of correction in lieu of conducting an onsite follow-up visit. The correction date for the violation will be either the POC completion date or the date evidence shows correction occurred.**

**Note:** A facility must work toward and maintain compliance after correction is determined, **regardless of how correction is determined**. If, during a future visit, violations that were corrected through a **desk review** are again cited, enforcement actions may be recommended. The facility is notified of this condition with the *Notice of Accepted Plan of Correction* form, Attachment 6.

- b. **When concerns about the validity of a facility's reported corrections for a particular violation are not resolved, an unannounced onsite follow-up visit is conducted. Onsite review is limited to the violation approved for onsite review by the Regional Director (or designee).**

5. **When a facility is asked to submit evidence showing how a particular violation was corrected:**

- a. Evidence must be requested early in the compliance process with the *Notice of Accepted Plan of Correction* form, Attachment 6. This form is used to:
  - i) Notify the facility that their POC is acceptable [meets criteria at TAC 40 §19.2004(d)];
  - ii) Notify the facility that their POC may be accepted in lieu of conducting an onsite follow-up visit; and
  - iii) Request evidence from a facility to determine correction for a particular violation in lieu of conducting an onsite follow-up visit.
- b. Evidence must be requested for:
  - i) A violation cited at level D through F with a RTC that resulted in an **administrative penalty** recommendation. Evidence is requested only for the violation that resulted in the administrative penalty.
  - ii) A violation cited or re-cited at level A through F with a right to correct during the **first or second onsite follow-up visit**.

Approval from the Regional Director (or designee) is needed to request evidence for a violation not described in subparagraph C. 5. b., above.

- c. Evidence must be received by the DHS Regional Office by the due date documented on the *Notice of Accepted Plan of Correction* form, Attachment 6. The evidence due date is calculated by adding **five (5) working days** to the latest POC completion date for the specific group of violations for which evidence is being requested. This allows the facility time to complete their correction, gather evidence, and submit it to the DHS Regional Office.

**Note:** Because the evidence due date is based on a POC completion date, you must assess the POC completion dates carefully before accepting the POC. Consider if the POC completion date allows the state inspection agency enough time to meet established follow-up visit timeframes should an onsite follow-up visit be necessary.

- d. Evidence must show the action a facility took to correct the violation. Examples of acceptable evidence include the following:
  - i) An invoice or receipt that verifies purchases were made, repairs were completed, etc.
  - ii) Sign-in sheets verifying staff attendance at in-service training.
  - iii) Interviews with more than one training participant about in-service training.
  - iv) Contact with the resident council, for example, when dignity issues are involved.

**D. ASPEN**

The Automated Survey Processing Environment (ASPEN) system is a central database for all licensure violations. In addition to entering all licensure violations into ASPEN, respective scope and severity levels B through L must also be entered into ASPEN. **Users must not enter scope and severity level “A” for any licensure violation into ASPEN, because**

**doing so will cause the violation tag not to come forward to the follow-up visit and not print on the DHS 3724B form.**

**Create one or two ASPEN events based on the following information:**

1. Create one ASPEN event:
  - a. When all violations are corrected by desk review; or
  - b. To report results of a combined desk review and onsite follow-up visit. This applies to a first, second or third follow-up visit.
2. Create two ASPEN events when a **follow-up visit** is conducted with a **new** investigation and/or inspection.
  - a. The first ASPEN event is created for the **follow-up visit** (desk review and onsite follow-up visit).
  - b. The second ASPEN event is created for the **new** investigation and/or inspection.

## **E. Inspection Forms**

The LTC-R Packet Processing Handbook contains instructions for completing various forms required for the inspection process. The information in this section is intended to supplement instructions for completing the following forms: Report of Contact, DHS 3724 and 3724B, and CMS 670.

1. **A Report of Contact (ROC)** is completed for all facility inspections and follow-up visits.
  - a. When only a **desk review** is performed, the *Entrance and Exit Date, Purpose of Contact, LTC Staff and Facility Staff* fields on the **ROC** are completed as follows:
    - Under **Entrance and Exit Date**, enter the date(s) of the desk review.
    - Under **Purpose of Contact**, enter: desk review; complaint, incident or survey follow-up; and/or telephone contact, as appropriate.
    - Under **LTC Staff**, enter the name(s) of the individual(s) who conducted the desk review.
    - Under **Facility Staff**, enter the administrator's name or the name of the individual who submitted the POC or written evidence.
  - b. When both a **desk review** and **onsite follow-up visit** are conducted, one **ROC** is completed with all appropriate purpose of contact codes, and LTC and facility staff names; however, only the **onsite revisit Entrance and Exit Dates** are recorded on the **ROC**.
2. **Form DHS 3724** is completed only when violations are found during an onsite visit.
3. **Form DHS 3724B** is completed to report the correction of violations.
  - a. When violations are determined corrected by **desk review**, one DHS 3724B form is completed. Acceptable correction dates for violations corrected by **desk review** are described in subparagraph C. 4.

- b. When violations are determined corrected by both **desk review** and **onsite follow-up visit**, one DHS 3724B form is completed. Acceptable correction dates for violations corrected onsite are described in subparagraph B. 2.
  4. **Form CMS 670** is completed to record LTC-R staff time spent on facility inspections and follow-up visits.
    - a. When a **desk review** is performed, only certain fields on form CMS 670 are completed:
      - i) **The following fields are mandatory.**
        - Pre-survey Preparation Hours - includes time for completing the *Notice of Accepted POC* form, telephone contact, and other pre-survey preparation activities.
        - Off-site Report Preparation Hours.
        - Total Supervisory Review Hours.
        - Total Clerical/Data Entry Hours.
      - ii) **The following fields must remain blank:**
        - First Date Arrived      • On-site Hours
        - Last Date Departed    • Travel Hours
    - b. When both a **desk review** and **onsite follow-up visit are conducted**, one CMS 670 form is completed.
      - i) Individuals who conducted the **onsite** follow-up visit complete all fields on the form.
      - ii) Individuals who conducted the **desk review** complete only the portions required for the desk review. (See instructions in subparagraph E. 4. a., above.)
  5. **Regions notify facilities of their revisit results by sending them the ROC, in addition to other required documents, including those described in Section E.**
    - a. When only a **desk review** is performed and all violations are verified as corrected based on POC and/or evidence, required documents are sent to the facility after the desk review.
    - b. When an **onsite** follow-up visit is conducted in conjunction with a desk review, required documents are sent to the facility after the **onsite** follow-up visit.

Follow-up (FU) Visit Guidance for Nursing Facility Licensure Violations			
Original Visit Findings:		Use the <i>Notice of Accepted Plan of Correction</i> form to:	How should I proceed based on the findings?
1	Violations cited at Levels A-F.**	<ul style="list-style-type: none"> <li>Accept a Plan of Correction (POC); <u>and</u></li> <li><b>**For violations cited at levels A-F:</b> <ol style="list-style-type: none"> <li><b>Notify</b> the facility the POC or evidence <u>may</u> be accepted as correction in lieu of conducting an onsite FU visit; and</li> <li><b>Request evidence</b> for: <ol style="list-style-type: none"> <li>A violation cited at level D-F with a right to correct (RTC) that resulted in an administrative penalty recommendation.</li> </ol> </li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li><b>Perform a desk review for violations cited at levels A through F.</b> <ol style="list-style-type: none"> <li>When there is no reason to question the validity of a facility's reported corrections, accept the POC or evidence as determination of correction in lieu of conducting an onsite FU visit. The correction date for the violation will be the POC completion date or the date evidence shows correction occurred. <b>Note:</b> Create an ASPEN event for the desk review.</li> <li>When concerns about the validity of a facility's reported corrections for a particular violation are not resolved, conduct a first onsite FU visit. Onsite review is limited to the particular violation approved for onsite review by the Regional Director (or designee).</li> </ol> </li> </ul>
2	Violations cited at various levels: <ul style="list-style-type: none"> <li>A-F**</li> <li><u>and</u></li> <li>G-L.</li> </ul>		<ul style="list-style-type: none"> <li><b>Perform a desk review for violations cited at level A through F (follow the steps in the cell directly above).</b> <u>This desk review must be performed <b>before</b> the onsite FU visit is conducted.</u></li> <li><b>Conduct a first onsite FU visit for:</b> <ol style="list-style-type: none"> <li>Violations cited at levels <u>G through L</u>;</li> <li>A violations with <u>no</u> RTC that resulted in an administrative penalty recommendation; and</li> <li>Lower level violations approved by the Regional Director (or designee) to be reviewed onsite. For the first FU visit, onsite review of <u>level F</u> violations may be approved at the discretion of the Regional Director; however, onsite review of violations <u>A through E</u> may be approved only when concerns about the validity of a facility's reported corrections are not resolved during the desk review.</li> </ol> </li> </ul> <p><b>Note:</b> A single ASPEN event is created to include the results of both a desk review and onsite FU visit.</p>
3	Violations cited at G-L.	<ul style="list-style-type: none"> <li><b>Accept a POC</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Conduct a first onsite FU visit for all violations cited.</b></li> </ul>



First Onsite FU Visit Findings:		Use the <i>Notice of Accepted Plan of Correction</i> form to:	How should I proceed based on the findings?
1	All Violations corrected.	N/A	<ul style="list-style-type: none"> <li>▪ <b>No further FU visit is necessary.</b></li> <li>▪ <b>For violations verified as corrected <u>onsite</u></b>, the correction date will be either the POC completion date or the date evidence shows correction occurred.</li> <li>▪ <b>If a desk review was previously performed in coordination with the first onsite FU visit</b>, Form DHS 3724B must include correction dates for all violations corrected by either desk review or onsite.</li> </ul> <p><b>Note:</b> A single ASPEN event is created to include the results of both a desk review and onsite FU visit.</p>
2	All violations corrected.  New violations cited at levels A-F.**	<ul style="list-style-type: none"> <li>▪ <b>Accept a POC; and</b></li> <li>▪ <b>**For violations cited at levels A-F:</b> <ol style="list-style-type: none"> <li>1. <b>Notify</b> the facility the POC or evidence <u>may</u> be accepted as correction in lieu of conducting an onsite FU visit; and</li> <li>2. <b>Request evidence</b> for:                             <ol style="list-style-type: none"> <li>a. A violation cited at level D-F with a RTC that resulted in an administrative penalty recommendation.</li> <li>b. A violation cited or re-cited at level A-F during the 1st onsite FU visit.</li> </ol> </li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>For violations verified as corrected <u>onsite</u></b>, the correction date will be either the POC completion date or the date evidence shows correction occurred. <b>Exceptions:</b> 1) When <u>all</u> violations from a <u>prior visit</u> are verified as corrected, but <u>new violations</u> are cited at level <u>D or above</u>, the period of non-compliance continues at the revisit. To avoid a stop &amp; start in the period of non-compliance, the correction date for violations followed up onsite and verified as corrected onsite will be the <u>FU visit exit date</u>. 2) When a violation results in an <u>administrative penalty recommendation</u>, the correction date for the <u>licensure violation</u> may <u>precede</u> the exit date.</li> <li>▪ <b>If a desk review was previously performed in coordination with the first onsite FU visit</b>, Form DHS 3724B must include correction dates for all violations corrected by either desk review or onsite.</li> <li>▪ <b>Perform a desk review for re-cited or newly cited violations at levels A through F.</b> <ol style="list-style-type: none"> <li>a. When there is no reason to question the validity of a facility's reported corrections, accept the POC or evidence as determination of correction in lieu of conducting an onsite FU visit. The correction date for the violation will be the POC completion date or the date evidence shows correction occurred.</li> <li>b. When concerns about the validity of a facility's reported corrections for a particular violation are not resolved, conduct a second onsite FU visit. Onsite review is limited to the particular violation approved for onsite review by the Regional Director (or designee).</li> </ol> </li> </ul>
3	Violations re-cited <u>and</u> new violations cited at levels A-F.**		<ul style="list-style-type: none"> <li>▪ <b>Follow the steps outlined in the cell directly above.</b></li> <li>▪ <b>Conduct a second onsite FU visit for:</b> <ol style="list-style-type: none"> <li>a. Violations cited or re-cited at levels <u>G through L</u>;</li> <li>b. A violation with <u>no</u> RTC that resulted in an administrative penalty recommendation; and</li> <li>c. Lower level violations approved by the Regional Director (or designee) to be reviewed onsite.</li> </ol> </li> </ul>
4	All violations corrected.  New violations cited at various levels: ▪ A-F** <u>and</u> ▪ G-L.		
5	Violations re-cited <u>and</u> new violations cited at various levels: ▪ A-F** <u>and</u> ▪ G-L.		
6	Violations re-cited <u>and</u> new violations cited at levels G-L.	<ul style="list-style-type: none"> <li>▪ <b>Accept a POC</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>For violations verified as corrected <u>onsite</u></b>, the correction date will <u>not</u> be earlier than the <u>exit date</u>.</li> <li>▪ <b>If a desk review was previously performed in coordination with the first onsite FU visit</b>, Form DHS 3724B must include correction dates for all violations corrected by either desk review or onsite.</li> <li>▪ <b>Conduct a second onsite FU visit for all violations cited or re-cited.</b></li> </ul>

Second Onsite FU visit Findings:		Use the <i>Notice of Accepted Plan of Correction</i> form to:	How should I proceed based on the findings?
1	All violations corrected.	N/A	<ul style="list-style-type: none"> <li>▪ <b>No further FU visit is necessary.</b></li> <li>▪ <b>For violations verified as corrected <u>onsite</u></b>, the correction date will be either the exit date or the date evidence shows correction occurred.</li> <li>▪ <b>If a desk review was previously performed in coordination with the second onsite FU visit</b>, form DHS 3724B must include correction dates for all violations corrected by either desk review or onsite.</li> </ul> <p><b>Note:</b> A single ASPEN event is created to include the results of both a desk review and onsite FU visit.</p>
2	All violations corrected.  New violations cited at levels A-F.**	<ul style="list-style-type: none"> <li>▪ <b>Accept a POC; and</b></li> <li>▪ <b>**For violations cited at levels A-F:</b> <ol style="list-style-type: none"> <li>1. <b>Notify</b> the facility the POC or evidence <u>may</u> be accepted as correction in lieu of conducting an onsite FU visit; and</li> <li>2. <b>Request evidence</b> for:                             <ol style="list-style-type: none"> <li>a. A violation cited at level D-F with a RTC that resulted in an administrative penalty recommendation.</li> <li>b. A violation cited or re-cited at level A-F during the 2nd onsite FU visit.</li> </ol> </li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>For violations verified as corrected <u>onsite</u></b>, the correction date will be either the exit date or the date evidence shows correction occurred. <b>Exceptions:</b> 1) When <u>all</u> violations from a <u>prior visit</u> are verified as corrected, but <u>new violations</u> are cited at level <u>D or above</u>, the period of non-compliance continues at the revisit. To avoid a stop &amp; start in the period of non-compliance, the correction date for violations followed up onsite and verified as corrected onsite will be the <u>FU visit exit date</u>. 2) When a violation results in an <u>administrative penalty recommendation</u>, the correction date for the <u>licensure violation</u> may <u>precede</u> the exit date.</li> </ul>
3	Violations re-cited <u>and</u> new violations cited at levels A-F.**		<ul style="list-style-type: none"> <li>▪ <b>If a desk review was previously performed in coordination with the second onsite FU visit</b>, form DHS 3724B must include correction dates for all violations corrected by either desk review or onsite.</li> <li>▪ <b>Perform a desk review for re-cited or newly cited violations at levels A through F.</b> <ol style="list-style-type: none"> <li>a. When there is no reason to question the validity of a facility's reported corrections, accept the POC or evidence as determination of correction in lieu of conducting an onsite FU visit. The correction date for the violation will be the POC completion date or the date evidence shows correction occurred.</li> <li>b. When concerns about the validity of a facility's reported corrections for a particular violation are not resolved, conduct a third onsite FU visit (if approved). Onsite review is limited to the particular violation approved for onsite review by the Regional Director (or designee).</li> </ol> </li> </ul>
4	All violations corrected.  New violations cited at various levels: ▪ A-F** and ▪ G-L.		<ul style="list-style-type: none"> <li>▪ <b>Follow the steps outlined in the cell directly above.</b></li> <li>▪ <b>Conduct a third onsite FU visit (if approved) for:</b> <ol style="list-style-type: none"> <li>a. Violations cited or re-cited at levels <u>G through L</u>;</li> <li>b. A violation with <u>no</u> RTC that resulted in an administrative penalty recommendation; and</li> <li>c. Lower level violations approved by the Regional Director (or designee) to be reviewed onsite.</li> </ol> </li> </ul>
5	Violations re-cited <u>and</u> new violations cited at various levels: ▪ B-F** and ▪ G-L.		
6	Violations re-cited <u>and</u> new violations cited at G-L.	<ul style="list-style-type: none"> <li>▪ <b>Accept a POC</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>For violations verified as corrected <u>onsite</u></b>, the correction date will <u>not</u> be earlier than the <u>exit date</u>.</li> <li>▪ <b>If a desk review was previously performed in coordination with the second onsite FU visit</b>, form DHS 3724B must include correction dates for all violations corrected by either desk review or onsite.</li> <li>▪ <b>Conduct a third onsite FU visit (if approved) for all violations cited or re-cited.</b></li> </ul>

TEXAS DEPARTMENT OF HUMAN SERVICES

NOTICE OF ACCEPTED PLAN OF CORRECTION

This fax consists of one (1) page only.

<b>To:</b>	Facility Administrator/Representative
Facility Name:	
Facility ID Number:	
Telephone Number:	
Fax Number:	
<b>From:</b>	
Program:	Long Term Care-Regulatory
Phone Number:	
Fax Number:	
Mail Code:	
Address:	

We accepted your plan of correction for the following visit(s):

☐ Health ☐ LSC Exit Date: \_\_\_\_\_

**Follow-up Visit Information** (Select only the statements that apply) :

- ☐ A follow-up visit may be scheduled to determine compliance for violations/deficiencies cited (Select this statement after the original visit and first follow-up visit.)
- ☐ A third follow-up visit, if authorized, may be scheduled to determine compliance for violations/deficiencies cited. (Select this statement after the second follow-up visit.)
- ☐ The plan of correction (POC) and/or evidence may be accepted as determination of correction in lieu of conducting an onsite follow-up visit for licensure violations cited at scope and severity levels A through F, and for certification deficiencies cited at scope and severity levels B through F with no substandard quality of care (SQC).<sup>\*</sup> (Select this statement when a desk review will be performed.)

**Evidence Request** (Select the following statement only when requesting evidence):

As described in the preceding paragraph, **evidence** may be requested and accepted as determination of correction in lieu of conducting an onsite follow-up visit.

- ☐ Submit evidence showing how the facility attained and maintains corrective action for the following violation(s)/deficiency(ies) cited on the exit date referenced above: \_\_\_\_\_

Evidence must be received at the DHS Regional Office listed above by: \_\_\_\_\_

Evidence must clearly identify which violation/deficiency it corresponds to. Examples of acceptable evidence include the following:

- An invoice or receipt verifying purchases were made, repairs were completed, etc.
- Sign-in sheets verifying staff attendance at in-service training.
- Interviews with more than one training participant about in-service training.
- Contact with the resident council, for example, when dignity issues are involved.

**\*If during a future visit, violations or deficiencies that were corrected through POC or evidence are again cited, we may recommend enforcement actions, including immediate imposition of remedies for certified nursing facilities.** If you have further questions or wish to revise your POC completion date, please contact the Program Manager at the telephone number or address provided above.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_